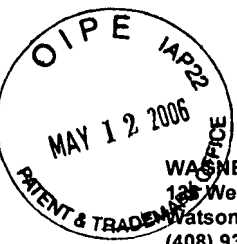


ARH



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PATENT APPLICATION

ATTORNEY DOCKET NO. SYNA-20030715-01

Inventor(s): **Bob BOLENDER et al.**

Confirmation No.: **9656**

Application No.: **10/635,748**

Examiner: **Beck, A. S.**

Filing Date: **08/05/2003**

Group Art Unit: **2629**

Title: **CAPACITIVE SENSING DEVICE FOR USE IN A KEYPAD ASSEMBLY**

Mail Stop After Final  
Commissioner For Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT**

Transmitted herewith is/are the following in the above-identified application:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Response/Amendment | <input type="checkbox"/> Petition to extend time to respond |
| <input type="checkbox"/> New fee as calculated below   | <input type="checkbox"/> Supplemental Declaration           |
| <input checked="" type="checkbox"/> No additional fee  |   |
| <input type="checkbox"/> Other                         | Fee\$   |

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1) FOR	(2) CLAIMS REMAINING AFTER AMENDMENT	(3) NUMBER EXTRA	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEES
TOTAL CLAIMS	68	MINUS	68	= 0	X \$50	\$ 0
INDEP. CLAIMS	5	MINUS	5	= 0	X \$200	\$ 0
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM					+ \$360	\$ 0
EXTENSION FEE	<input type="checkbox"/> 1st Month \$120	<input type="checkbox"/> 2nd Month \$450	<input type="checkbox"/> 3rd Month \$1020	<input type="checkbox"/> 4th Month \$1590		\$ 0
OTHER FEES						\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0

Please find enclosed a check in the amount of \$ 0. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account **23-0085** pursuant to 37 CFR 1.25. Additionally charge any fees to Deposit Account **23-0085** under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

☒ I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, Alexandria, VA 22313-1450  
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☐ I hereby certify that this paper is being transmitted to the Patent and Trademark Office facsimile number (571)273-8300.

Date of facsimile:

Typed Name: **Kristel Lang**  
Signature:

Respectfully submitted,  
**Bob BOLENDER et al.**

By

**John P. Wagner, Jr.**

Attorney/Agent for Applicant(s)

Reg No. : **35,398**

Date : **05/09/2006**

Telephone : **(408) 938-9060**



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bolender et al.

Application No.: 10/635,748

Filed: August 5, 2003

For: Capacitive Sensing Device for  
Use in a Keypad Assembly

Confirmation No.: 9656

Examiner: Beck, Alexander S.

Art Unit: 2675

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
Box AF  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action mailed April 5, 2006, Applicants respectfully request reconsideration of the above referenced patent application. Please amend the above-identified application as follows and consider the following remarks for allowance of the above-identified patent application.